



The Royal Marsden NHS Trust  
London & Surrey  
Breast Units Referral Form

Consultant Surgeons (London):  
Consultant Surgeons (Surrey):

Mr G Gui, Mr N Sacks  
Mr S Ebbs, Mr U Querci della Rovere  
Mr W Allum  
Prof I Smith (London & Surrey)

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Referral Category (please tick one box):			
<input type="checkbox"/> URGENT (TWO WEEK RULE)	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> FAMILY HISTORY	<input type="checkbox"/> OTHER (Please specify)

Date of GP Decision to Refer: .....

GP Details:

GP Practice Code: .....  
Dr: .....  
Address: .....  
.....  
Post Code: .....  
Telephone No: .....  
Fax No: .....

Patient Details:

Surname: .....  
Forenames: .....  
Date of Birth: .....  
NHS No: .....  
Address: .....  
.....  
Post Code: .....  
Hospital No: ..... Tel. No: .....

Provisional Diagnosis:

Breast Lump:  Yes  No  
 Mobile  Fixed  
Breast Pain:  Yes  No  
 Cyclical  Non-cyclical

Size: .....

Nipple Abnormality:

Discharge:  Yes  No  
Recent Inversion:  Yes  No  
OCP:  Yes  No

Blood Stained:  Yes  No  
Rash:  Yes  No

HRT:  Yes  No

Past history of breast disease:  Yes  No

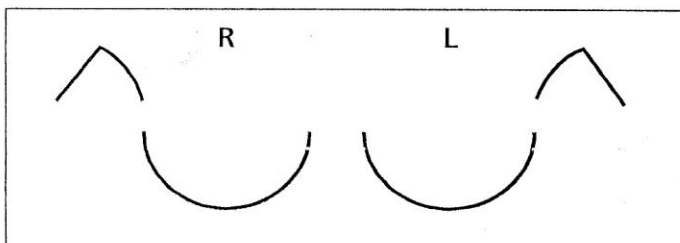
Family history of breast cancer: 1st degree relatives\* (& age at diagnosis):  
2nd degree relatives\* (& age at diagnosis):  
Other:

Mammographic screening abnormality:  Yes  No (please request films to be sent to RMH)  
Previous mammogram:  Yes  No Year: .....

Other medical history:

Degree of anxiety:

Physical findings:



- Cyclic lump
- solid lump
- nodularity
- skin indentation or peau d'orange
- inverted nipple